II. Wound Diphtheria. By C. BRUNNER (Zürich). By the term wound diphtheria, Brunner understands every sort of wound infection which has for its cause the specific Klebs-Loeffler diphtheria bacillus. Every surgeon who is frequently called upon to perform tracheotomy for diphtheritic stenosis, he says, has had opportunity to observe diphtheria of the operation wound, the infection of which has come from the primary infection within the larynx. Besides this infection, extending from a near-by previously existing source, he speaks also of contact infection, in which the bacilli are deposited in the wound from some remote source on the same person or from another individual. Strange to say, he has been able to find nothing in literature concerning bacteriologic investigation of diphtheritic wounds. Such investigation suffices to demonstrate the identity of the bacillus of wound diphtheria. This author has identified the bacillus in three cases of wound infection, in which the wounds were not in connection with the seat of primary infection. One of these cases was a punctured wound of the thumb; the second, a wound of the middle finger, and the third, a phlegmon of the scrotum. In all of these cases was a mixed infection with pyogenic cocci. The wounds presented the same morphological and biological changes as occur in diphtheria of the throat. The degree of virulence differed in all three cases. In one case the bacilli were highly pathogenic, inoculated guinea-pigs dying in a very short time. In the other two cases the virulence was weaker, though the bacilli placed on the excoriated mucous membrane of the beaks of pigeons caused the formation of false membrane. Birds thus inoculated died after a few days.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

III. The Disinfection of Septic Wounds. By Dr. SCHIMMELBUSCH (Berlin). Schimmelbusch remarks that although numerous experiments have been made which have established the parasiticidal property of a great number of so-called antiseptics, the evidence is still wanting that these substances have the power of destroying the sources of infection in infected wounds. The experiments with disinfectants have always been made on dead infected objects, but not on wounds. Such experiments on wounds, he says, should be carried out simply to observe whether it is possible to disinfect the wounds themselves. This can be easily done; at least, in septic wounds. It simply requires that an animal be wounded, the septic material placed in the wound, then the rinsing with the antiseptic substance, and observing whether the animal remains alive and healthy or not.

Schimmelbusch has experimented in this way with rabbits and mice. With the first he used a very virulent species of streptococcus, and with the mice he employed the anthrax bacillus.

From these experiments he learned that it was impossible in any case to disinfect such wounds, even though the antiseptic was applied immediately after the infectious material had been introduced into the wound. As antiseptics he employed not only sublimate, carbolic, lysol, zinc chloride, etc., but also caustics, as potash, nitric acid and acetic acid. All of the animals died of streptococci and anthrax sepsis.

The cause of these fatal results rests in the rapid absorption of the virus from the wounds. For example, let a mouse be inoculated in the end of the tail with anthrax, and then after a short time let the tail be amputated two or three centimetres from the root; if more than ten minutes have elapsed between inoculation and amputation, the animal will die of the anthrax disease. It is, therefore, probable that the micro-organisms enter the tissue spaces very quickly, and are soon out of the reach of disinfectants.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

IV. Asepsis and Artificial Anæmia. By G. NEUBER (Kiel). For the past year Neuber has used instead of the usual elastic tourniquet for inducing artificial anæmia, moistened linen bandage. The lack of durability and the dirty appearance of the elastic bandage induced him to return to the method recommended